

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: City of Indianapolis

Project Name: Continuum of Care Homeless Assistance Grants

Location of the Project: Marion County, Indianapolis, Indiana  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: 2017 Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction Name: Jennifer J. Fults

Title: Administrator, Community Investments

Signature: 

Date: 9-25-17